

Circle Telephone and Electric, LLC

P.O. Box 3
Circle, Alaska 99733
(907) 773-5500

October 14, 2103

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

RE: *Connect America Fund*, WC Docket No. 10-90 and *Lifeline and Link Up Reform and Moderation*, WC Docket No. 11-42, 47 C.F.R. §54.313 and §54.422 Annual Reporting Requirements

Dear Ms. Dortch:

In compliance with 47 C.F.R. §54.313 and §54.422 Circle Telephone & Electric, LLC "CTE" respectfully submits CTE's FCC Form 481 Carrier Annual Reporting Data Collection Form. The FCC Form 481 has been completed, certified and submitted to the Universal Service Administrative Company.

As the telecommunications provider for the remote tribal village in interior Alaska, CTE has no access to terrestrial backhaul facilities and is completely reliant on satellite backhaul. Pursuant to 47 C.F.R. §54.313(g), discussion in regard to CTE's dependence on satellite backhaul has been included in CTE's Line 920 Tribal Government Engagement Obligation narrative.

Pursuant to 47 C.F.R §54.313(i) and 54.422(c), a copy of this filing is also being submitted the Regulatory Commission of Alaska.

If you have any questions in regard to this filing, please contact Julie Donn at (907) 746-5930 or by email at juliedonn55@gmail.com.

Sincerely,



David Masephol
President

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	613005
<015> Study Area Name	CIRCLE UTILITIES
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Julie Donn
<035> Contact Telephone Number: Number of the person identified in data line <030>	9077465930
<039> Contact Email Address: Email of the person identified in data line <030>	juliedonn55@gmail.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> CTE Line 510 Service Standards	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> CTE Line 610 Emergency	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

[illegible]

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

1/1/2013

-- See attached worksheet	
--	

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn5@gmail.com
<810>	Reporting Carrier	Circle Telephone & Electric, LLC
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986 / OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com
<910>	Tribal Land(s) on which ETC Serves	Circle, Alaska Tribal Community

<920> Tribal Government Engagement Obligation

CTE Line 920 Tribal Engagement

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select
(Yes, No,
NA) |
|---|
| Yes |
|  |
| Yes |
| NA |
| NA |
| NA |
| NA |
| NA |
| NA |
| NA |
- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)



<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)



(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077455930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

CTE Line 1210 Lifeline

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP _____

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☐

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

☐
☐
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	CTE RUS Form 479

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	613005
<015>	Study Area Name	CIRCLE UTILITIES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Donn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077465930
<039>	Contact Email Address - Email Address of person identified in data line <030>	juliedonn55@gmail.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CIRCLE UTILITIES
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	David Manephol
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	9077735500
Study Area Code of Reporting Carrier:	613005
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	